

## Modalities of Communication Statement (Version 03.0)

| Date of submission:  |   | 10/10/20   | 10           |       |
|--|---|------------|--------------|-------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES   |   | 10/10/2018 |              |       |
|  |   |            |              |       |
| Title of the project/programme of activities:  | 10 MW bundled Luni–III & Lu<br>for a grid system at Sri Sai Kris<br>Limited in Kangra District, Hir   | shna Hydr  | o Energies   |       |
| <b>Project/programme of activities reference number:</b> <i>(if available)</i>   | 2698  |            |              |       |
| SECTION 2: NOMINATION O  | F FOCAL POINT ENTITY  | /IES       |              |       |
| Notes:<br>• <u>Sole</u> Focal Point authority - An authorized signatory of<br>communication related to the corresponding scope of authori<br>• <u>Shared</u> Focal Point authority - An authorized signatoric<br>communication related to the corresponding scope of authori<br>• <u>Joint</u> Focal Point authority - Authorized signatories of<br>communication related to the corresponding scope of authori<br>Name of entity:<br>EKI Energy Services Ltd. | ty.<br>ry <u>ANY of the entities listed belo</u><br>ty.<br>f <u>ALL entities listed below are re</u>  | ow is requ | ired to sign |       |
| Address:<br>Office no. 201, Plot 48, Scheme 78 part 2, Vijay Nagar, Near<br>452010 Indore<br>India   | Brilliant Convention Centre   |            |              |       |
| This entity is nominated as a focal point with the authorit  | y to:   | Sole       | Shared       | Joint |
| (a) Communicate in relation to requests for forwarding o   | f CER   |            | X            |       |
| - · · ·  | cate in relation to requests for addition and/or voluntary withdrawal of<br>cipants and focal points, as well as changes to company names, legal<br>t details and specimen signatures |            |              |       |
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above  |   |            | X            |       |
| Contact details (primary authorized signatory):  | Mr. 🛛 Ms.   |            |              |       |
| Last name: Sharma  | Telephone 1:  |            |              |       |
| First name: Naveen   | Telephone 2 (optional):   |            |              |       |
| Email:   | Fax (optional):   |            |              |       |
| Specimen signature:  | Date (dd/mm/yyyy):  |            |              |       |
| Is this entity changing its name?  | No  |            |              |       |
| Former entity name, if applicable:   |   |            |              |       |
| Is this entity also a project participant?   | No  |            |              |       |
| If the entity is also a project participant, do the same<br>signatories represent it in its project participant role?  |   |            |              |       |
| Name of entity:<br>Sri Sai Krishna Hydro Energies Pvt. Ltd   |   |            |              |       |
| Address:<br>Plot No: 226, Road No: 78, Jubilee Hills, Phase - III, Andhra<br>500 033 Hyderabad<br>India  | Pradesh   |            |              |       |
| This entity is nominated as a focal point with the authority to:   |   | Sole       | Shared       | Joint |
| (a) Communicate in relation to requests for forwarding of CER  |   |            | X            |       |

## CDM-MOC-FORM

| (b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures |                                | X |  |
|---|--------------------------------|---|--|
| (c) Communicate on all other project or programme<br>(a) or (b) above   | related matters not covered by | X |  |
| Contact details (primary authorized signatory):   | Mr. 🛛 Ms.                      |   |  |
| Last name: Mandapati  | Telephone 1:                   |   |  |
| First name: Tirumala Raju   | Telephone 2 (optional):        |   |  |
| Email:  | Fax (optional):                |   |  |
| Specimen signature:   | Date (dd/mm/yyyy):             |   |  |
| Is this entity changing its name?   | No                             |   |  |
| Former entity name, if applicable:  | 1                              |   |  |
| Is this entity also a project participant?  | Yes                            |   |  |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?  | Yes                            |   |  |